

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1216-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6894	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Tom W. Koons P.O. Box, Bldg., Room No., if any Street 601 S. Main Street City Versailles State Indiana ZIP Code + 4 47042	4. Name, file number, and address of labor organization. Name Carpenter Local 1142 Labor Organization File Number 019246 P.O. Box, Building and Room Number, if any P.O. Box 3468 Street 119 Short Street City Lawrenceburg State Indiana ZIP Code + 4 47025
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests.
(except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Tom W Koons

On

8-9-05

Date

(812) 689-1047

Telephone Number

Name of Person Filing Tom W. Koonis		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Indiana Regional Council of Carpenters & Millwrights JATC - Southern Region</p> <p>Trade Name, if any: Carpenters & Millwrights Training Program</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5400 Covert Court</p> <p>City Newburgh</p> <p>State Indiana ZIP Code + 4 47630</p>		<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p><input type="radio"/> b. Trust</p> <p><input type="radio"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>11.a. Nature of such dealing.</p> <p>PROVIDE TRAINING</p> <p>11.b. Approximate dollar value of such dealing. Varies</p> <p>12.a. Nature of interest held or income received.</p> <p>Compensation (wages & benefits) and reimbursement of expense as an employee of the fund</p> <p>12.b. Amount \$77,012.34</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		<p>14.b. Amount of payment.</p>